



DOCKET FILE COPY ORIGINAL  
Received & Inspected

JUN 25 2014

FCC Mail Room

REDACTED FOR PUBLIC INSPECTOR

June 23, 2014

BY HAND

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street. SW  
Room TW-A325  
Washington, DC 20554

Re: WC Docket No. 10-90: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is the Form 481 Annual Reporting Requirements and Certifications for Ace Telephone Association, Study Area Codes 361346. Ace Telephone Association is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. This filing contains public information.

A separate "trade secret" filing pursuant to 47 C.F.R. §0.459 - Requests that materials or information submitted to the Commission be withheld from public inspection was also made.

Should you have any questions, please contact me via e-mail at [csweet@acecomgroup.com](mailto:csweet@acecomgroup.com) or by phone at 507/896-6211.

Sincerely,

  
Cynthia Sweet  
Controller

Enclosures

No. of Copies rec'd 0+1  
List ABCDE

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	361346	<b>Received &amp; Inspected</b>  <b>JUN 25 2014</b>
<015> Study Area Name	ACE TEL ASSN-MN	
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet	<b>FCC Mail Room</b>
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acecomgroup.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	2.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

361346MN112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.




(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com

[illegible]

**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MBI
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

2/1/2014

<703>

<a1>

<a2>

<a3>

**<b1>**

◀

**<b3>**

(b) (4)

**<b5**

<C>

[illegible]

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MET
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]



(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<810>	Reporting Carrier	Ace Telephone Association MN
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association MN

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACS TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

--

&lt;920&gt; Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers  
<1130> broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5076966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

361346MN1200.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MI
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information



## (3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	361346
<015> Study Area Name	ACE TEL ASSN-MN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acrcgroup.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

- (3014) If yes, does your company file the RUS annual report

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3026) Attach the worksheet listing required information

361346MN3026.pdf

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	361346
<015> Study Area Name	ACE TEL ASSN-MN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@accocomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL ASSN-MN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2014
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 361346	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	361346
<015> Study Area Name	ACE TEL ASSN-MN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 361346  
<015> Study Area Name ACE TEL ASSN-MN  
<020> Program Year 2015  
<030> Contact Name - Person USAC should contact regarding this data Cynthia Sweet  
<035> Contact Telephone Number - Number of person identified in data line <030> 5078966211 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> csweet@acecomgroup.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	MN	Brownsville	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Brownsville	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Brownsville	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MI	Canton	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Canton	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Canton	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MN	Dakota	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MI	Dakota	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Dakota	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MN	Eitzen	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Eitzen	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Eitzen	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MI	Granger	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Granger	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Granger	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MN	Hokah	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Hokah	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Hokah	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	MN	Houston	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	MN	Houston	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	MN	Houston	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance



(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MR
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@aceccmgroup.com

[illegible]

(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<810>	Reporting Carrier	Ace Telephone Association MN
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association MN

[illegible]

**PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED**

**Study Area Name: Ace Telephone Association**

**SAC: 361346**

**State: Minnesota**

**Form 481 Line 112**





**Study Area Name: Ace Telephone Association**

**Study Area Code: 361346**

**State: Minnesota**

**Form 481 Line Number 510 Compliance with Service Quality Standards and Consumer Protection**

As a local exchange carrier, Ace Telephone Association (Carrier) is obligated to comply with the numerous consumer protections and has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier is complying with all applicable and effective public service commission and FCC consumer protection rules and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

As required by the Minnesota Administrative Rule "7812.0700 Minnesota General Service Quality Requirements, Subpart 1" the local services provided by Carrier are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS

7810.0200 SCOPE

7810.0300 STATUTORY AUTHORITY

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS

7810.0500 DATA TO BE FILED WITH THE COMMISSION

7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION

7810.0900 LOCATION OF RECORDS

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC

7810.1100 COMPLAINT PROCEDURES

7810.1200 RECORD OF COMPLAINT

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1600 DEPOSIT

7810.1700 GUARANTEE OF PAYMENT

DISCONNECTION OF SERVICE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE

7810.2100 MANNER OF DISCONNECTION

7810.2200 RECONNECTION OF SERVICE

7810.2300 NOTICE REQUIREMENTS

7810.2400 BILL DISPUTES

7810.2500 ESCROW PAYMENTS

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE

**Study Area Name: Ace Telephone Association**

**Study Area Code: 361346**

**State: Minnesota**

**Form 481 Line Number 510 Compliance with Service Quality Standards and Consumer Protection**

**DIRECTORIES**

7810.2900 CONTENT OF DIRECTORIES

7810.3000 MAINTENANCE OF PLANT AND EQUIPMENT

7810.3100 EMERGENCY OPERATIONS

**ENGINEERING**

7810.3200 CONSTRUCTION OF TELEPHONE PLANT

7810.3300 MAINTENANCE OF PLANT

7810.3900 EMERGENCY OPERATIONS

**INSPECTIONS, TESTS, SERVICE REQUIREMENTS**

7810.4100 ACCESS TO TEST FACILITIES

7810.4300 ACCURANCE REQUIREMENTS

7810.4900 ADEQUACY OF SERVICE

7810.5000 UTILITY OBLIGATIONS

7810.5100 TELEPHONE OPERATORS

7810.5200 ANSWERING TIME

7810.5300 DIAL SERVICE REQUIREMENTS

7810.5400 INTEROFFICE TRUNKS

7810.5500 TRANSMISSION REQUIREMENTS

7810.5800 INTERRUPTIONS OF SERVICE

7810.5900 CUSTOMER TROUBLE REPORTS

7810.6000 PROTECTIVE MEASURES

7810.6100 SAFETY PROGRAM

**Study Area Name: Ace Telephone Association**

**Study Area Code: 361346**

**State: Minnesota**

**Form 481 Line Number 610**

**Certification that the carrier is able to function in emergency situations**

Ace Telephone Association (Carrier) is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve which enables it to provide service for a minimum of eight hours. Carrier's service is consistent with requirements and the obligations to provide service in emergency situations as set forth in § 54.202(a)(2).

Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

Pursuant to Minnesota Administrative Rule "7810.390 Emergency Operations" Carrier has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - A minimum of four hours of battery service in each central office
  - A permanently installed power unit in exchanges exceeding 5,000 lines
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities
  -
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.



**Study Area Name: Ace Telephone Association**  
**Study Area Code: 361346**  
**State: Minnesota**  
**Line 1200 Terms and Condition for Lifeline Customers**

Ace Telephone Association offers Lifeline Service Credit according to the basic service requirements listed in Minnesota Administrative Rule 7812.06000 – Basic Service Requirements.

Subpart 1. Required service. A local service provider shall provide, as part of its local service offering, the following to all customers within its service area:

- A. Single party voice-grade service and touch-tone capability;
- B. 911 or enhanced 911 service;
- C. 1+ intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
- D. Access to directory assistance, directory listings, and operator services;
- E. Toll information service-blocking without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTIONS AND TOLL BLOCKING CHARGES, Docket no. P-999/CI-96-38, (June 4, 1996)
- F. One white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer,
- G. A white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
- H. Call-tracing capability according to chapter 7813;
- I. Blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide inter library loan system; and
- J. Telecommunications relay service capability or access necessary to comply with state and federal regulations.

Ace Telephone Association Lifeline service offerings are listed in their Local Exchange Service Tariff P.S.C. of MN No. 2, Section 5 Revised Sheet 1 through 4.

All Lifeline subscribers must meet the terms and conditions of the Federal Lifeline Eligibility Rules.

Ace Telephone Association does adhere to all Federal Lifeline eligibility rules and regulations as well as the Minnesota Administrative Rule 7817.0400 – Eligibility for Telephone Assistance Credits.

**Study Area Name: Ace Telephone Association**  
**Study Area Code: 361346**  
**State: Minnesota**  
**Line 1200 Terms and Condition for Lifeline Customers**

**Information regarding low-income telephone assistance found on Company's website**  
[www.ace2fonj.com](http://www.ace2fonj.com) which is transitioning to [www.acentek.net](http://www.acentek.net)

## **Low-income Telephone Assistance Plans**

On a limited income? You can save with Lifeline services from Ace Communications Group. This federal assistance program can help you save on your monthly local phone service.

### **Services Provided**

Ace Communications Group provides single-party residential services. This includes access to:

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

### **Lifeline**

Lifeline provides certain discounts on monthly service for qualified subscribers.

### **How to Qualify**

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 135% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here](#) to download the two-page certification form (PDF). Call Customer Service for more information.